



Town of Hanover
550 Hanover Street
Hanover, Massachusetts 02339-2242

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT DEPOSITS

Bank Name: _____

Bank Address: _____

Type of Account: Checking _____ Amount or Net _____ Savings _____ Amount or Net _____

Transit ABA No. _____ Account No. _____

PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP THAT INCLUDES THE ABOVE ACCOUNT INFORMATION.

I hereby authorize the Town of Hanover to deposit my pay (net or a portion as indicated) at the financial institution named above. I understand that the Town of Hanover may cause my account to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution. Also, I understand that pay day may be up to 24 hours later than normal on weeks that include holidays or closing of Town Hall.

It is understood that this agreement may be terminated by me with written notification to the Town of Hanover, Treasurer's office. Any such notification to the Town of Hanover shall be effective only with respect to entries initiated by the Town of Hanover after receipt of such notification and a reasonable opportunity to act on it. Any such notification to my bank directly is unacceptable. My bank may terminate this agreement by written notice to me for just cause.

Employee Name: _____
(Please print)

Employee Signature: _____

Date: _____